

New Hampshire Retirement System  
4 Chenell Drive  
Concord, NH 03301-8509  
Tel. 603-271-3351  
Toll-free 1-877-917-6477

FOR NHRS USE ONLY

Ret. #

Emp. #

Date completed

By

## APPLICATION FOR ELECTRONIC DIRECT DEPOSIT (EDD)

**NOTE:** To sign up for Direct Deposit, the payee must read the back of this form and fill in the information requested in Section 1. Then take or mail this form to the financial institution for verification of Section 2. The financial institution should then complete Section 2 and return the form to the New Hampshire Retirement System.

### SECTION 1 (To Be Completed By Payee)

Name \_\_\_\_\_ SS# \_\_\_\_\_  
(please print last, first, middle initial)

Address \_\_\_\_\_ Day Time Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 2 (To Be Completed By Financial Institution)

Name & Address of Institution

Routing Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Account Number

\_\_\_\_\_

\_\_\_\_\_

Type: ☐ Checking ☐ Savings

\_\_\_\_\_

### FINANCIAL INSTITUTION CERTIFICATION

As representative of the above financial institution I hereby confirm the identity of the above-named account holder and certify the accuracy of the information contained in Section 1. I further certify that this financial institution agrees to receive and deposit the payment identified above.

Print/Type Name

Signature

Telephone #

Date

\_\_\_\_\_